



## Health Care Provider Statement for Student Petition/Appeal

The student named below has requested special consideration of his/her academic or financial status with Lake Superior College due to health/medical reasons. **The conditions need to be serious enough to necessitate a significant absence from classes, and/or or the inability to complete course work.**

This form is to be completed by a physician or health care provider and **faxed directly** to **218-733-5945**, Lake Superior College Student Services Center, Attn: Student Services. Hand-carried forms will not be accepted.

**Student's Name:** \_\_\_\_\_ **Student's Date of Birth:** \_\_\_\_\_

1. Dates of a health/medical condition/flare up or on-going medical condition that prevented the student from attending/participating in courses at LSC: From \_\_\_\_\_ to \_\_\_\_\_  
Additional information:
2. The health/medical condition was severe enough to affect the student's attendance for a significant period of time and/or ability to be academically successful.  
Yes or No (please circle one)
3. The condition is now controlled enough for the student to succeed in classes.  
Yes or No (please circle one)
4. Additional information regarding the health/medical condition/flare up:

Health Care Provider Printed Name: \_\_\_\_\_

Name of Health Care Center or Practice: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Health Care Provider's Signature: \_\_\_\_\_ Date: \_\_\_\_\_